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279

7590

02/24/2009

TREXLER, BUSHNELL, GIANGIORGI,
BLACKSTONE & MARR, LTD.
105 WEST ADAMS STREET
SUITE 3600
CHICAGO, IL 60603

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| | | |
|----------------------|--|--------------------|
| <i>Maria E. Kitz</i> | | (Depositor's name) |
| <i>Maria E. Kitz</i> | | (Signature) |
| April 21, 2009 | | |
| (Date) | | |

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|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|

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|------------|------------|-------------------|------------------|------|
| 10/649,938 | 08/27/2003 | Daniel John Smith | 1171/39464A/99A- | 6085 |
|------------|------------|-------------------|------------------|------|

TITLE OF INVENTION: CONDUIT WITH HEATED WICK

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 05/26/2009 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| PATEL, NIHIL B | 3772 | 128-203160 | | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Trexler, Bushnell, Giangiorgi, Blackstone & Marr, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for record as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fisher & Paykel Healthcare Limited

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*Auckland, New Zealand*Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **20-1495** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Raiford A. Blackstone, Jr.*Date **April 21, 2009**

Typed or printed name

*Raiford A. Blackstone, Jr.*Registration No. **25,156**

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